Kansas
Department of Corrections

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Cost Study of Youth Residential Centers for Juvenile Offenders

Pursuant to Senate Substitute for House Bill 2588

SUBMITTED BY
KANSAS DEPARTMENT OF CORRECTIONS

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Table of Contents

Executive Summary **2**
Section 1 - Background **2**
Legislative Purpose 3
Description and History of Youth Residential Center II (YRCII) Programs 3
Current YRCII Providers 4
Juvenile Justice Trends in Kansas 4
Utilization and Cost of Placements 6
Section 2 - Data Collection Processes and Findings **8**
Data Collection Processes 8
YRCII Youth Demographic Data *9*
Risk Level *9*
Findings 10
Successful vs. Unsuccessful Discharge Rates *10*
Six Months – Post Discharge *15*
Summary *17*
Section 3 – Cost Study and Recommendations **18**
Specific YRCII Costs 18
YRCII Rate 30
Section 4 - Proposed Path to Improving Results **32**
Attachments **33**
Attachment 1: Youth Residing in Juvenile Detention, Correctional and/or Residential Facilities *34*
Attachment 2: Fiscal Narratives for each YRCII *36*

Executive Summary

The Kansas Juvenile Justice System relies heavily upon Youth Residential Center II (YRCII) placements, spending in excess of $16 million in Fiscal Year 2014 (FY14) on such services. Other than secure Juvenile Correctional Facilities (JCF), this is the most significant single expense in the Kansas Department of Corrections (KDOC) budget for youth programming. As such, examining the effectiveness of this investment is critical to assessing the overall performance of the juvenile justice system.

The 2014 Kansas Legislature requested a study of YRCIIs. The KDOC appreciates the interest in this important topic and looks forward to future opportunities to discuss improvements in the juvenile justice system based upon the findings in this report and best practice literature. Among the findings are:

- **Secure and non-secure placements are used in Kansas at a higher rate than in other states**. In 2011, Kansas ranked 9th highest nationally in placements for juvenile justice involved youth.
- **YRCII placements are costly - $45,990 annually per bed.** Administrative costs are significant. The median of all YRCII administrative costs comprise 30.2% and 31.1% of all their reported expenditures in FY13 and FY14 respectively. Four of the YRCIIs had administrative costs 20% or higher than the median.
- **Most YRCII discharges are unsuccessful.** Using a uniform definition, YRCIIs successfully discharge youth only 46% of the time. The majority of youth (54%) discharge unsuccessfully.
- **YRCII placements do not appear to produce long term positive outcomes for youth.** The majority of discharges (51.2%) are still in an out-of-home placement six months later. Of those, only 14.1% are in a placement considered to be of a lower level of care.

In July of 2014, Kansas was selected by the Council of State Governments (CSG), in partnership with the MacArthur Foundation, Bureau of Justice Assistance and the Office of Juvenile Justice and Delinquency Prevention, to participate in a new initiative, the *Reducing Recidivism and Improving Other Key Outcomes for Youth in the Juvenile Justice System Pilot Project*. CSG and the KDOC will schedule CSG's next site visit, tentatively set for early March 2015. During the site visit, draft results will be presented to the KDOC, the Legislature and other key stakeholders with a final report anticipated for release in the summer of 2015.

In presenting the results of this YRCII study at the time specified by Senate Substitute for House Bill 2588, it is recommended that the KDOC and the Legislature seize the opportunity provided by CSG and their partners to examine **all aspects** of the Kansas system, not just YRCIIs. With this comprehensive assessment, the executive, legislative and judicial branches can then capitalize on the opportunity for potentially significant reforms to the juvenile justice system, including to YRCII, in the 2016 Legislative session.

In advance of any legislative reforms, the KDOC will:

- Through training and collaboration KDOC will encourage the use of risk levels in determining eligibility for YRCII and other placements, targeting high-moderate and high risk youth.
- Recommend legislative approval to reinvest the out of home placement savings beginning in FY15. Redirect the funds to add evidence-based programs that provide alternatives to YRCII/residential placements.
- Examine the feasibility of YRCII facilities serving populations of like risk.
- Use any remaining human services consensus caseload savings to fund contracts for community based services such as statewide sex offender treatment.
- Continue to measure and monitor performance of YRCII (and other placement types) and systematically report the findings to key stakeholders in the juvenile justice continuum.
- Based on the data provided and the methodology described in this report, recommend a rate adjustment from $126.00 to $127.78 per bed day to continue existing services. Any approved increase would need to be financed through the human services consensus caseload process.